



Instructions:
**Professional Association
Articles of Incorporation**

**Contact:
Kansas Office of the Secretary of State**

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov

All information on the articles of incorporation must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

- ☐ 1. **FILING FEE:** The filing fee for this document is **\$90**.
- ☐ 2. **PAYMENT:** Please enclose a check or money order payable to the Secretary of State. Articles received without the appropriate fee will not be accepted for filing. Please do not send cash. **Also, to expedite processing, please do not use staples on your documents or to attach checks.**
- ☐ 3. **INCLUDE AN ORIGINAL CERTIFICATE FROM THE REGULATORY BOARD:** The certificate must be issued by the State regulatory board for each incorporator stating that they are licensed and that the business entity name is approved.
- ☐ 4. **CORPORATION NAME:** A word of incorporation must be included in the name per K.S.A. 17-2711. Permitted words of incorporation are "P.A.", "Professional Association", or "Chartered". "P.C. and "Chtd." are **not** permitted. Kansas Statutes can be reviewed at www.kslegislature.org.
- ☐ 5. **RESIDENT AGENT:** The resident agent is a person or entity that is authorized to accept service of process (law-suits) on behalf of the business entity. This does not necessarily mean that the agent himself/herself is being sued, but that he/she has the authority and responsibility to accept service of process on behalf of the business.
- ☐ 6. **REGISTERED OFFICE:** The registered office is the address where the resident agent is located.
- ☐ 7. **MAILING ADDRESS:** The mailing address is where you would like to receive official mail from the Secretary of State's office.
- ☐ 8. **PURPOSE:** Must include a specific professional purpose (ex. Practice of Medicine).
- ☐ 9. **STOCK:** You must have at least one share of stock. Number of shares can only be a numerical value.
- ☐ 10. **INCORPORATORS:** An incorporator can be either an individual or a business. This person or entity is responsible for the formation of the business created by this filing. The incorporator is not necessarily the owner and his/her role in the business may cease as soon as the filing is made.
- ☐ 11. **DIRECTORS:** The directors section (question 8) must be completed if the incorporator's power terminates once the document is filed.
- ☐ 12. **SIGNATURES:** The signature(s) of the incorporator(s) must match those of the licensee(s) as listed on the certificate from the State regulatory board.

STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

NOTICE: *There is a \$25 service fee for all checks returned by your financial institution.
All information must be completed or this document will not be accepted for filing.*

DPA**51-04**

KANSAS SECRETARY OF STATE

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www.sos.ks.gov*Above space is for office use only.***INSTRUCTIONS:** *All information must be completed or this document will not be accepted for filing.
Please read instructions sheet before completing.*

1. Name of the corporation:													
2. Name of the resident agent and address of the registered office in Kansas: <i>Address must be a street address A P.O. box is unacceptable</i>	<table border="1"><tr><td colspan="2">Name</td><td colspan="2">Street Address</td></tr><tr><td colspan="2"></td><td>Kansas</td><td></td></tr><tr><td>City</td><td>State</td><td>Zip</td><td></td></tr></table>	Name		Street Address				Kansas		City	State	Zip	
Name		Street Address											
		Kansas											
City	State	Zip											
3. Mailing address: <i>Address will be used to send official mail from the Secretary of State's office</i>	<table border="1"><tr><td colspan="2">Attention Name</td><td colspan="2">Address</td></tr><tr><td>City</td><td>State</td><td>Zip</td><td>Country</td></tr></table>	Attention Name		Address		City	State	Zip	Country				
Attention Name		Address											
City	State	Zip	Country										
4. Tax closing month:													
5. State the professional purpose:													
6. Total number of shares that this corporation is authorized to issue:	<table border="1"><tr><td>_____ shares of _____ stock, class _____ par value of _____ dollars each</td></tr><tr><td>_____ shares of _____ stock, class _____ par value of _____ dollars each</td></tr><tr><td>_____ shares of _____ stock, class _____ without nominal or par value</td></tr><tr><td>_____ shares of _____ stock, class _____ without nominal or par value</td></tr><tr><td><i>*If applicable, state any designations, powers, rights, limitations or restrictions applicable to any class or any special grant of authority to be given to the board of directors:</i></td></tr></table>	_____ shares of _____ stock, class _____ par value of _____ dollars each	_____ shares of _____ stock, class _____ par value of _____ dollars each	_____ shares of _____ stock, class _____ without nominal or par value	_____ shares of _____ stock, class _____ without nominal or par value	<i>*If applicable, state any designations, powers, rights, limitations or restrictions applicable to any class or any special grant of authority to be given to the board of directors:</i>							
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<i>*If applicable, state any designations, powers, rights, limitations or restrictions applicable to any class or any special grant of authority to be given to the board of directors:</i>													

7. Name and mailing address of each incorporator:

Do not leave blank

If additional space is needed please provide an attachment

1)	<div>Name</div>				
	<div>Mailing address</div>	<div>City</div>	<div>State</div>	<div>Zip</div>	<div>Country</div>
2)	<div>Name</div>				
	<div>Mailing address</div>	<div>City</div>	<div>State</div>	<div>Zip</div>	<div>Country</div>
3)	<div>Name</div>				
	<div>Mailing address</div>	<div>City</div>	<div>State</div>	<div>Zip</div>	<div>Country</div>

8. Name and mailing address of the board of directors:

This must be completed if the incorporator's power terminates once this document is filed

If additional space is needed please provide an attachment

1)	<div>Name</div>				
	<div>Mailing address</div>	<div>City</div>	<div>State</div>	<div>Zip</div>	<div>Country</div>
2)	<div>Name</div>				
	<div>Mailing address</div>	<div>City</div>	<div>State</div>	<div>Zip</div>	<div>Country</div>
3)	<div>Name</div>				
	<div>Mailing address</div>	<div>City</div>	<div>State</div>	<div>Zip</div>	<div>Country</div>

9. Duration of the corporation:

<input type="checkbox"/> Perpetual
<input type="checkbox"/> Date the corporation will cease <div>MonthDayYear</div>

10. Effective date:

A future effective date must be within 90 days of filing date

<input type="checkbox"/> Upon filing
<input type="checkbox"/> Future effective date <div>MonthDayYear</div>

11. I/We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct and that I/we have remitted the required fee. *Signatures must correspond exactly to the names of the incorporators listed in number 7.*

<div>Signature of incorporator</div>	<div>Date (month, day, year)</div>
<div>Signature of incorporator</div>	<div>Date (month, day, year)</div>
<div>Signature of incorporator</div>	<div>Date (month, day, year)</div>